

Please print this entire page, complete questions, sign and return with your payment. Checks should be payable to: "Indiana Professional Licensing Agency."

Architect or Landscape Architect Renewal Application	DATE EXPIRES	RENEWAL FEE	Please Circle your answer to ALL the following questions: SINCE YOU LAST RENEWED YOUR LICENSE: (if yes to questions 1-3, please attach details of action taken) 1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending? YES NO 2. Have you been denied a license, certificate, registration, or permit in any state? YES NO 3. Have you been convicted of or pled guilty to a violation of a federal or state law <i>or</i> are criminal charges pending? YES NO
	LICENSE NUMBER	CURRENT STATUS	
	ENTER HOME ADDRESS CORRECTIONS BELOW _____ _____ _____ _____		CONTINUING EDUCATION VERIFICATION: FYI: CE is not required if your initial license issue date is after 10/1/2009. 4. Have you completed the required Continuing Education (CE)? YES NO 5. Do you wish to renew as active or inactive status (check one)? ____ Active ____ Inactive
			You must sign and date below. By signing this form, you are attesting that the information on this renewal is true and correct and that you have met all required continuing education hours if applicable. This form will be returned if it is not correctly completed which will delay the renewal.
	Signature _____		Date _____ Email Address _____

- **Renew Online:** Login ID is your license number. Password is the last four digits of your social security number. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at www.pla.in.gov - use **License Express** option.
- **Late Renewal Fee:** If your renewal is postmarked after December 1, 2011, a **\$50.00 late fee** will be added to the renewal fee.
- **New Registrants:** New registrants whose licenses were issued since October 1, 2011 are NOT required to comply with the continuing education requirements for this first renewal of your registration.
- **Inactive Status:** Once in "INACTIVE" status, you are not required to complete the continuing education requirements. In the future, if you wish to change the status from "INACTIVE" to "ACTIVE," you will need to contact the board and you must comply with 804 IAC 1.1-8-11 and 804 IAC 1.1-8-12.
- **Address:** If the above address is not valid, please provide your current address.
- **Name Change:** Please provide the appropriate documentation such as a copy of your marriage certificate, divorce decree, or a name change affidavit with your name change request. Submit such requests to: Indiana Professional Licensing Agency, 402 West Washington St. Room W072, Indianapolis IN 46204.
- **Questions:** If you have questions, please contact us at (317) 234-3022, or by email at pla10@pla.in.gov.
- **Continuing Education:** For information regarding the continuing education requirements, go to <http://www.in.gov/pla/2672.htm>.